

The charge of the Domestic Violence Free Zone (DVFZ) Implementation Panel was to continue the work of the DVFZ initiative and specifically to "use the Longitudinal Framework" and the Municipal "Feasibility Assessments" to identify 1, 3 and 5 year goals for the municipality regarding family violence.

Through ten meetings, held every two weeks from September 1996 - February 1997 the Panel identified eleven (11) important city-wide initiatives as 1, 3 and 5 year goals. All the proposed initiatives are collaborative in nature.

A planning committee composed of Harold Cox, the Implementation Panel Chair; Nancy Ryan, the Director of the Women's Commission; Richard Wright the city's Violence Prevention Coordinator, and Sherry Riva (a Health of the City graduate student from Harvard's Kennedy School of Government), the Panel's Staff Assistant, met in between panel meetings and repeatedly during the drafting of the Report.

One tension which the Panel addressed throughout the course of its work, was the distinction between "city-wide" initiatives and individual departmental initiatives. Specifically, questions were routinely raised about the needs, resources and personnel strengths of individual departments and how individual departmental protocols, trainings or resources "fit" into the overall scope of the DVFZ. Our recommendation is for the potential core group to work with individual departments to incorporate their needs into the overall plan.

Subsequently, the Panel determined that its main focus was to identify initiatives which required collaboration. Thus, all the proposed initiatives require inter-departmental collaboration.

The core themes of the recommendations include:

- authorize a core group to ensure continuity and sustainability of the DVFZ;
- establish clear, consistent and appropriate municipal domestic violence protocols
- undertake basic and specialized trainings to ensure competency in those protocols and in domestic violence;
- coordinate a general public education initiative focused on prevention, service utilization and cultural and linguistic accessibility;
- enhance our direct service system.

The Panel also established several "guiding principles" to be applied to all enacted initiatives. Issues such as cultural and linguistic appropriateness, evaluation, efficiency, information sharing and the utilization of quality improvement measures are central to our progress.

The Panel outlined potential funding options for all initiatives. The Panel agreed that much of the initial work should be undertaken with existing resources, with minimal financial support. Over time, external funding for all initiatives will be sought. Long-term institutionalization of all initiatives is recommended.

Finally, the Panel understands that much of the implementation of the proposed initiatives will be determined by the authorized core group, municipal and departmental leadership, external funding opportunities and successful collaboration. With those issues and considerations in mind, the Panel has met its charge and successfully recommends discussion of its report.

One of the primary and most critical questions that all communities ask themselves in addressing interpersonal violence is, "How do we break the cycle of abuse?" Throughout the country, community upon community is attempting to offer short and long term support to victims and to identify how to prevent the abused from becoming the abuser, how to stop the batterer from harming his/her partner again, and how to protect children who witness it all.

Within the City of Cambridge, we have spent two and a half years asking those questions. (See Appendix A). We have asked those questions of domestic violence survivors, advocates, clinicians, law enforcement officials, therapists, shelter staff, lawyers for battered women, high-ranking city officials, major city departments and public health leaders. Our work toward a "Domestic Violence Free Zone" has been progressive, proactive, and considerate of survivors, city government, domestic violence service agencies and specialists in the field.

In July of 1996, City Manager Robert Healy created a citywide "Implementation Panel." This Panel, composed of municipal and community-based representatives, worked diligently and consistently over six months (September 1996 - February 1997) to identify key priorities and goals for the city. (See Appendix C).

Following are our recommendations for 1, 3 and 5 year goals for the municipality in its effort to address domestic violence. It is our firm belief that we should make solid progress on implementing these initiatives in order to accomplish the goal of the DVFZ: to reduce the incidence of domestic violence.

### *Review of Domestic Violence Free Zone (DVFZ) Implementation Panel Charge and Structure*

The Domestic Violence Free Zone Implementation Panel, composed of seventeen departmental representatives and seven representatives from domestic violence service agencies, was appointed by City Manager Robert Healy. (See Appendix B for List of Appointees).

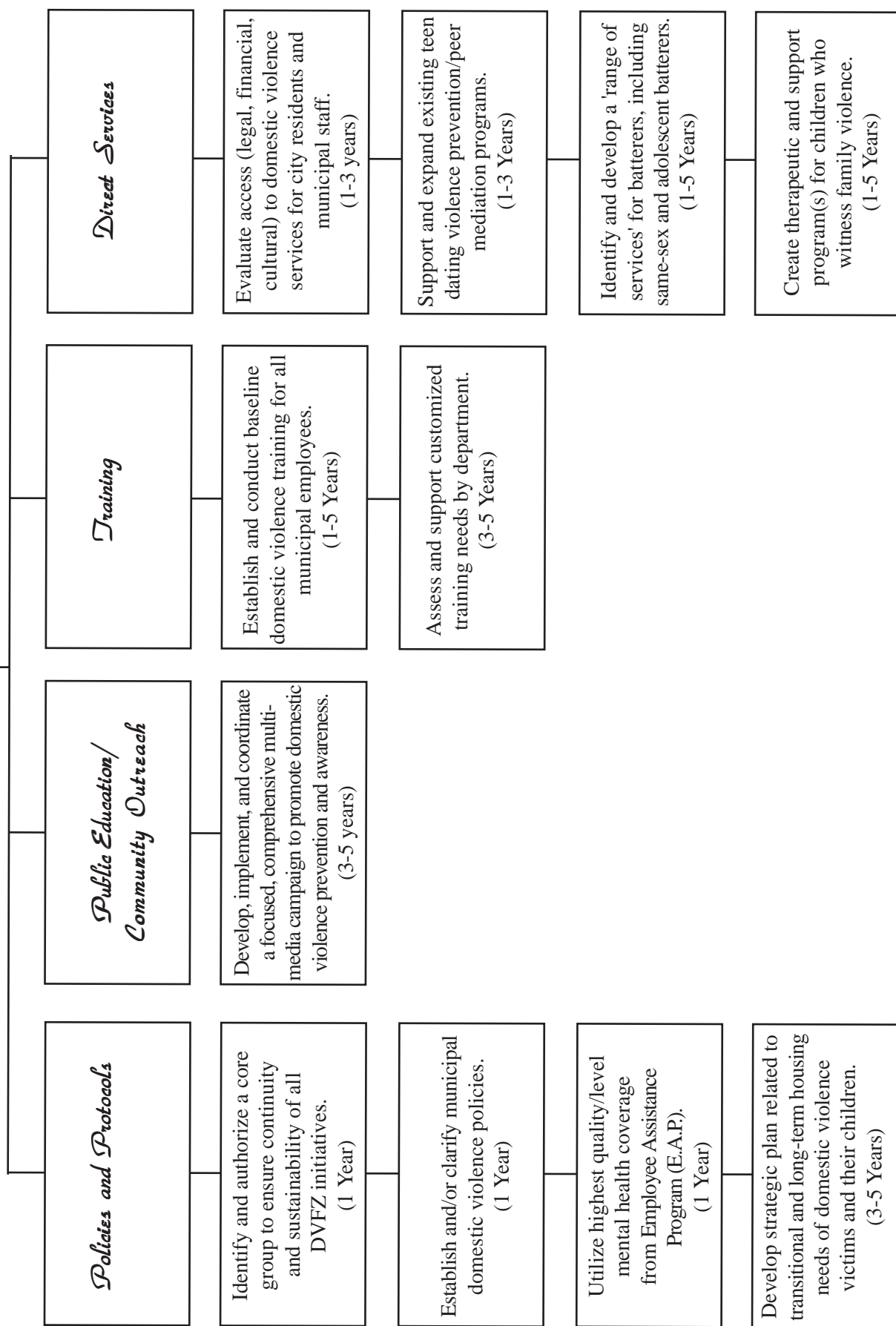
Chaired by the city's Chief Public Health Officer, Harold Cox, the Panel was appointed to begin prioritization of comprehensive initiatives for the city on the issue of family violence.

The Panel worked from two sets of documents. The Longitudinal Framework, a working document developed by fifty domestic violence activists and agency representatives through the Cambridge Domestic Violence Summit, was adopted by the Health Policy Board as a principle planning proposal in December 1995. The Panel also reviewed and utilized the Departmental Feasibility Assessments submitted to City Manager Healy in March 1996.

The charge of the Implementation Panel was to create an Implementation Report which outlined 1, 3, and 5 year goals for the municipality on the issue of family violence. The panel's recommendations have been developed to achieve the goal of reducing the incidence of domestic violence in Cambridge.

The final eleven initiatives recommended by the panel are outlined below.

## Summary of Domestic Violence Free Zone Initiatives



The final eleven initiatives that the panel proposes are organized under four primary areas of collaboration for the city: policies and protocols, public education and community outreach, training, and direct services. For each initiative, the panel has specified goals, a supporting rationale, a timeline for implementation, and funding considerations.

During deliberations about the proposed initiatives, panel members also identified several guiding principles that should be applied to and integrated into all of the initiatives. These principles include:

- promote cultural awareness and sensitivity,
- support existing programs,
- ensure high quality standards and utilize quality improvement measures,
- enhance program specific collaboration between departments,
- utilize universities as a resource and collaborative partners, and
- develop mechanisms to evaluate and measure the impact/efficacy of recommendations and to facilitate information sharing.

## *I. Policies & Protocols*

1

### *Initiative:*

*Identify and authorize a core group to ensure continuity and sustainability of all DVFZ initiatives. This group would also facilitate information sharing between municipal departments and community based organizations.*

### **Goal(s):**

- ensure continuity, progress, and stability of DVFZ initiatives;
- ensure that initiatives are efficient, effective, and appropriate;
- track and measure increased referrals to and utilization of domestic violence service programs.

### **Rationale:**

Effective violence prevention necessitates a coordinated, cooperative, and multidisciplinary effort by city departments and community based organizations. A core group that draws on the diverse resources and perspectives of the various departments and organizations will ensure the progress and continuity of such a collaborative effort: "The prevention of violence will require the work of a broad spectrum of community leaders and organizations, including governmental, business, and grass-roots organizations...Multiple complementary activities are required, and they will demand the involvement of a broad spectrum of participants, including local citizens, officials, businesses, and a variety of governmental agencies, including justice, education, and health."

### **Primary Departments/Agencies:**

The core group would be authorized and appointed by the City Manager, the Public Health Commission CEO (John O'Brien), and the School Superintendent.

### **Funding Mechanisms/Opportunities:**

Short term: minimal funding anticipated; utilization of existing personnel with graduate school interns as support staff.

### **Timeline:**

1 Year

***Initiative:***

*Establish and/or clarify municipal domestic violence policies as related to a standardized screening, identification, documentation, and legal reporting process; legal issues; and security/safety plans. Protocols and policies should also be inclusive of the following goals.*

**Goal(s):**

- clarify responsibilities, resources, and expectations of staff and management regarding domestic violence crises and interventions;
- reduce incidence of domestic violence through early detection, intervention, and referral.

**Rationale:**

The impact of domestic violence on the workplace has recently gained significant national attention in both the public and private sectors. In particular, attention has been called to the need for information and policy development related to domestic violence in the workplace. For example, one study indicates that 94% of corporate security and safety directors surveyed ranked domestic violence as a high security problem.

**Primary Departments/ Agencies:**

City Manager, DVFZ Core Group, Personnel, Police, & Law Departments

**Funding Mechanisms/Opportunities:**

No additional funding anticipated.

**Timeline:**

1 Year

***Initiative:***

*Utilize highest quality/level mental health coverage from Employee Assistance Program (E.A.P.).*

**Goal(s):**

- ensure that municipal employees (who are victims, perpetrators, and/or witnesses of domestic violence) have appropriate access to counseling and treatment programs.

**Rationale:**

One form of business and corporate involvement in domestic violence has been the enhancement and utilization of E.A.P.s as secondary tools to ensure that victims have access to adequate mental health services. Corporations such as Polaroid, a Cambridge-based company, have been at the forefront of demonstrating corporate involvement in domestic violence prevention. As an initial point for providing support to employees, E.A.P.s are an important resource in the city's effort to address the problem of family violence for municipal employees, both in the workplace and at home. In addition to counseling victims of family violence, E.A.P. staff can provide referrals to additional resources in the community for both victims and batterers.

---

**Primary Departments/Agencies:**

Personnel, Health Network (Psychiatry Department, Victims of Violence Program)

**Funding Mechanisms/Opportunities:**

Re-negotiate employment assistance program (E.A.P.) contract.

**Timeline:**

1 Year

---

4

***Initiative:***

*Develop strategic plan related to transitional and long term housing needs of domestic violence victims and their children; increase availability of and access to victim services within housing developments and management companies.*

**Goal(s):**

- minimize likelihood that victims of violence and their families will become homeless as a result of leaving a battering situation;
- identify and incorporate housing needs of domestic violence victims (and their families) into housing allocation and creation criteria.

**Rationale:**

For victims of domestic violence, the inability to leave an abusive home is often shaped by the fear of fleeing and becoming homeless. Although families become homeless for a wide range of reasons, research indicates that many homeless families are escaping violent and abusive homes. One recent study found that 89% of homeless mothers had been victims of physical or sexual abuse at some point in their lives, and that 67% of those women had been abused as children.

**Primary Departments/Agencies:**

Cambridge Housing Authority, Community Development, Human Services Department

**Funding Mechanisms/Opportunities:**

Conduct feasibility study of, and seek funding for, transitional and long term housing needs of domestic violence victims and their families (i.e. HUD grant); discuss and identify funding opportunities with the Affordable Housing Trust and Cambridge Housing Authority.

**Timeline:**

3-5 Years

---

## III. Public Education/Community Outreach

---

5

### *Initiative:*

*Develop, implement and coordinate a focused, comprehensive multimedia campaign to promote domestic violence prevention and awareness. Campaign to include:*

- *culturally appropriate/multilingual services and referral information;*
- *use of high profile individuals in public service announcements (e.g. Family Violence Prevention Fund, WBZ's Stop the Violence Campaign);*
- *the language of "Cambridge As A Domestic Violence Free Zone";*
- *use of Leadership Council, neighborhood organizations, and religious organizations to raise awareness and/or disseminate information about domestic violence prevention.*

### **Goal(s):**

- promote domestic violence prevention and awareness;
- strengthen the public's knowledge about domestic violence service programs, and increase utilization of those programs;
- strengthen domestic violence expertise of community-based, ethnic, and linguistic leaders, agencies, programs, and groups.

### **Rationale:**

Public health education campaigns have been successful in reducing smoking, teenage pregnancy, heart disease, and in preventing AIDS. Recent research suggests that similar community-based education and outreach programs are an integral dimension of effective violence prevention.

One such campaign, "There's No Excuse for Domestic Violence," was developed in 1994 by the Family Violence Prevention Fund in San Francisco. Featuring powerful public service announcements for television, radio, and print spots, the campaign has been highly successful and has gained considerable support from the community and the private sector.

*"We need to define what abuse is...(It should be) defined at DSS, hospitals, adoption agencies, health centers, schools, courts, city hall, the police department, youth center, churches and in various languages."\**

*"Community education kinds of things, like flyers. Something I could have looked at and said that's me or that's not me. Something that named it, that I could then come back to. I remember reading an article on gay relationship violence and thinking, oh, this does happen."*

*"I get a sense of strength and safety from the Domestic Violence Free Zone signs, but there is much to be done."*

### **Primary Departments/Agencies:**

Public Relations Departments of the Hospital, School, and Police; Health Department

### **Funding Mechanisms/Opportunities:**

Identify corporate/private sector sponsorship; elicit in-kind support from Harvard Business School to develop and manage campaign; tie to DOE grant.

### **Timeline:**

3-5 Years

\* The italicized quotations that follow in the report were drawn from focus groups for survivors of violence that were conducted in 1995 after the Cambridge Domestic Violence Summit. The transcription of these focus groups appears in the Longitudinal Framework Document.



***Initiative:***

*Establish and conduct baseline domestic violence training for all municipal employees.*

**Goal(s):**

- short term: increase awareness about and visibility of domestic violence; increase early detection, intervention, and referral;
- long term: reduce the incidence of domestic violence.

**Rationale:**

Awareness about the impact of domestic violence on the workplace, and the need for employee education and training programs, has recently gained national attention in both the private and public sectors.

The 1994 passage of the Violence against Women Act, under the Violent Crime Control Act, signaled the federal government's role in and commitment to preventing and reducing domestic violence. As part of this comprehensive, national effort, President Clinton recently directed executive departments and agencies to institute a federal employee awareness campaign in order to promote awareness about domestic violence and to increase employees' knowledge about available programs and resources.

**Primary Departments/Agencies:**

Personnel, Health Department, Women's Commission

**Funding Mechanisms/Opportunities:**

Utilize grant from the Department of Public Safety as training model; request training funds as supplemental budget request from municipal funds; DPH domestic violence training grants; potential partnerships with other cities (e.g. Lowell) to solicit federal funding as needed.

**Timeline:**

1-5 Years

***Initiative:***

*Assess and support customized training needs by department:*

- *support and assist population-specific departmental domestic violence trainings;*
- *improve screening, identification, documentation, and legal reporting (e.g. child/elder abuse) process;*
- *integrate into long-term staff development/staff training plans.*

**Goal(s):**

- ensure that departmental staff serving specialized populations have a high, current, and consistent level of domestic violence training, information, and expertise.



---

**Rationale:**

Providers including educators, police officers, doctors, nurses, youth specialists, teachers, social service staff, and other professionals have a unique opportunity to intervene with victims of domestic violence, and to increase victims' safety in an abusive situation. Research indicates, however, that providers often fail to identify or discuss signs of abuse with victims. For example, in one study of a major metropolitan emergency department that has a protocol for domestic violence, the emergency department physician failed to inquire about abuse or to address the woman's safety needs in 92% of the domestic violence cases. Customized training will enable providers to identify the signs and symptoms of domestic violence, and to provide appropriate support and referrals to victims.

**Primary Departments/Agencies:**

Health Network (Health Department, Victims of Violence Program), Personnel

**Funding Mechanisms/Opportunities:**

Grant from Department of Public Safety; COPS grant (Police Department & Neighborhood Health Centers); population specific training proposals developed through/with the Health Department.

**Timeline:**

3-5 Years

## *IV. Direct Services*

8

***Initiative:***

*Evaluate access (legal, financial, cultural) to domestic violence services for city residents and municipal staff.*

- strengthen and clarify referral process between municipal departments and community based organizations;*
- assess capacity of victim service agencies and provide support for increased utilization of services (e.g. Transition House; Victims of Violence Program; Women's Center), as needed.*

**Goal(s):**

- analyze strengths and weaknesses of direct service system to ensure appropriate and adequate access to domestic violence services;
- reduce risk of fatalities and severe injuries by stabilizing social service system for victims and their families.

**Rationale:**

Since its inception, the DVFZ initiative has focused significant attention on improving community access to services for victims of violence, particularly in underserved communities. Early in its work, the Implementation Panel identified the need for culturally appropriate/multilingual services and referral information. A comprehensive needs assessment designed to identify the financial, legal and cultural barriers to services will ensure that lack of access does not prevent victims of violence from seeking help.

---

*"I never called the police because the batterer would say that I could never get away and would be found by him. I didn't communicate about this because I didn't speak English and the agencies I was involved with didn't speak Spanish. I didn't even know it was against the law. A crime? 'No, yes,' I was told. And because I was afraid of what my family would say."*

**Primary Departments/Agencies:**

Health Network (Health Information Unit; Neighborhood Health Centers; Linguistic Mental Health Teams), Human Services Department, domestic violence non-profits

**Funding Mechanisms/Opportunities:**

Research grant (NIH, CDC, DHHS, etc.) and/or graduate student(s) to be utilized in a research capacity; additional grant support as necessary.

**Timeline:**

1-3 Years

---

9

***Initiative:***

*Support and expand existing teen dating violence prevention/peer mediation programs.*

**Goal(s):**

- promote prevention, nonviolent alternatives, and conflict resolution;
- reduce the risk of young people becoming perpetrators and/or victims of domestic violence.

**Rationale:**

One of the major sources of violence in adolescent life, dating violence affects at least one in ten teenage couples. Effective dating violence prevention programs are an integral part of a comprehensive and community-based response to teen dating violence.

**Primary Departments/Agencies:**

School Department (CRLS & Hooking Kids on School), Department of Human Services (Community & Youth Division)

**Funding Mechanisms/Opportunities:**

Identify D.O.E. grant; School budget; S.C.O.R.E. funds from Attorney General's Office; DPH funding.

**Timeline:**

1-3 Years

---

10

***Initiative:***

*Identify and develop a "range of services" for batterers, including same-sex and adolescent batterers.*

**Goal(s):**

- reduce recidivism of perpetrators;
- reduce the number of domestic violence cases, fatalities, and injuries.

---

**Rationale:**

Counseling and education for batterers are integral components of effective and systemic violence prevention strategies. Although the field of batterers' treatment is only beginning its third decade of development, there is some agreement that batterers' treatment programs are a necessary first step towards reducing perpetrator recidivism. "Counseling with abusive males helps them accept responsibility for their acts, understand that their actions are unacceptable, and develop alternative ways to manage stress and interpersonal conflict."

**Primary Departments/Agencies:**

Police, Health Department, EMERGE

**Funding Mechanisms/Opportunities:**

Identify federal grant through B.J.A., D.P.S., or Health Department

**Timeline:**

1-5 Years

11

***Initiative:***

*Create therapeutic and support program(s) for children who witness family violence.*

**Goal(s):**

- identify children who witness family violence;
- reduce the risk that children who witness will become perpetrators and/or victims.

**Rationale:**

Whether victims of or witnesses to violence, children are profoundly affected by domestic violence. Children who witness domestic violence are at a high risk of abuse and neglect, and suffer from a wide range of behavioral, developmental, and emotional problems. Many children who witness violence develop the symptoms of post-traumatic stress disorder. Children who witness parental violence and children who are abused are also more likely to be aggressive with peers, and to become batterers or victims themselves. One study indicates that boys who witness parental violence are three times more likely to abuse their own wives as adults than children of nonviolent parents.

Recent studies have identified the value of early identification of and appropriate intervention services to children who witness domestic violence: "The most effective interventions in the long run may well be those that begin with very young children, to shape attitudes, knowledge, and behavior while the subjects are still open to positive influences. The impact of early intervention may be felt over the course of a lifetime and be passed on to successive generations."

*"My children really suffered. I didn't think they were in that much of a crisis 'till I came here (a local shelter) and then they started to act out and also tell me things. I cried a lot about that."*

*"I really didn't think they (the children) would be affected by this. The child care program here (a local shelter) has been very helpful, they speak Spanish. But the children need more. I was given a referral."*

**Primary Departments/Agencies:**

Health Network (Psychiatry Department; Child Psychiatry; Pediatrics; Neighborhood Health Centers), School Department, Police, domestic violence non-profits

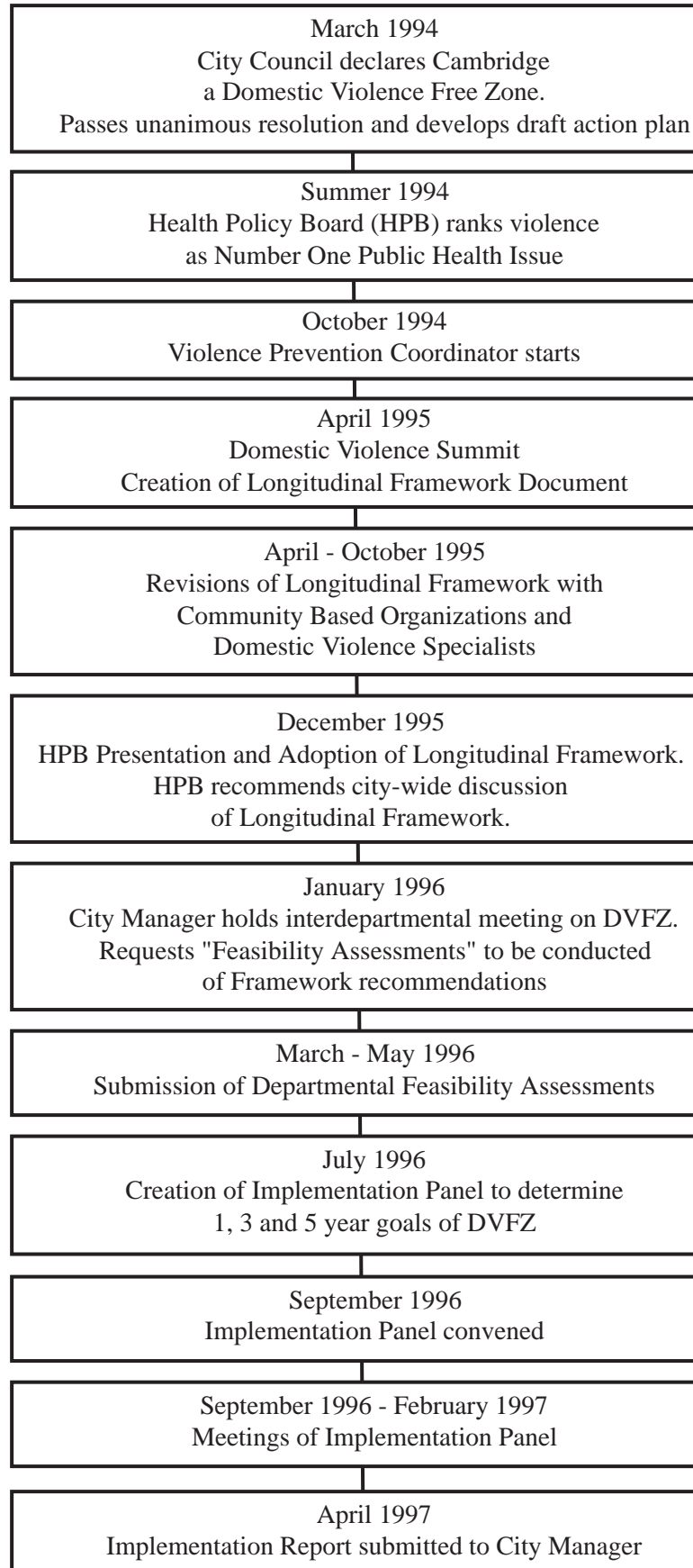
**Funding Mechanisms/Opportunities:**

Identify a CDC or federal grant for funding possibilities; utilize the Women's Rights Network for collaborative proposals; need for seed money; other long term funding options to be determined by primary departments.

**Timeline:**

1-5 Years

*Domestic Free Violence Zone Initiative (DFVZ):  
History of the Process*



*List of Recommended Appointees  
Domestic Violence Free Zone Implementation Panel*

**City Department/Domestic Violence Organization - Individual**

**1. Human Services**

Fred Berman - Planning

Denise McDuffie Bentley - Director of Cambridge Senior Center (Council on Aging)

**2. Personnel**

Els Knoppers - Director of Training and Staff Development

**3. School**

Dr. Gail Nordmoe - Assistant Superintendent for Curriculum

Steven Brion-Meisels - Director of Hooking Kids on School

**4. Police**

Michael Giacoppo - Deputy Superintendent

Natasha Tidwell - Police Officer

Elizabeth Dillon - Domestic Violence Liaison

**5. Community Development**

Roger Herzog - Housing Director

**6. Public Health Commission**

Harold Cox - Chief Public Health Officer

Dr. David Bor - Chief of Medicine

Mary Cruz - Social Worker, East Cambridge Health Center

Richard Wright - Violence Prevention Coordinator

Cheryl Wold - Director, Health Information Unit

**7. Cambridge Housing Authority**

Ann Sullivan-Fahey - Attorney

**8. City Manager**

Lisa Peterson - Assistant to the City Manager

**9. Women's Commission**

Nancy Ryan - Executive Director

**10. Transition House**

Sandy Middleton - Volunteer Coordinator

**11. Boston Area Rape Crisis Center**

Charlene Allen - Director

**12. RESPOND**

Kate Cloud - Director

Sandra Elien

**13. Women's Center**

Dawn Dougherty - Staff

**14. EMERGE**

David Adams - Founding and Current Director

Susan Cayouette - Clinical Coordinator

### *Narrative and History of DVJZ Implementation Panel Process*

The first meeting of the Implementation Panel took place on September 25, 1996, and opened with welcoming remarks from city officials. The remarks highlighted the importance of the Implementation Panel as an innovative and collaborative approach to the problem of family violence in the city.

During the course of its meetings, the panel narrowed its focus to goals that were citywide in nature, and less "departmental" specific. Four primary areas of collaboration for the city were identified: policies/protocols; public education/community outreach; training; and direct services.

Within each of these areas, priorities were identified and clarified by informal consensus after a comprehensive review of both the Longitudinal Framework and the Departmental Feasibility Assessments. For each recommended initiative, the panel has specified goals, departmental roles, a time line for implementation, and funding considerations. An outline of each of the meetings' and the Panel's process follows.

#### **Meeting 1, September 25, 1996**

General discussion of the Longitudinal Framework and the Departmental Feasibility Assessments focused on the importance of utilizing the documents to identify collaborative needs and goals related to family violence, including training, awareness building, and improved documentation. Panel members also called attention to needs that were under-emphasized in the documents: parenting, services for batterers, and working with staff who may themselves be victims or perpetrators of domestic violence.

#### **Meeting 2, October 7, 1996**

Panel members were asked to review the Longitudinal Framework and their own Departmental Feasibility Assessments, and to focus primarily on those activities that *required* collaboration between city departments. Overall, panel members identified the following primary areas of collaboration related to family violence: training; policy development; assessment of available services/support; community education/outreach; housing needs and community/urban planning. The importance of measurement and progress in the implementation process was also highlighted. The Panel also reemphasized the need for a strong relationship with community-based organizations (CBOs), e.g. The Women's Center, Transition House, and Emerge.

#### **Meeting 3, October 21, 1996**

In response to panel members' requests for information, Sandy Middleton of Transition House presented an overview about domestic violence, and Nancy Ryan of the Women's Commission outlined the process by which victims of domestic violence interface with city departments and community-based agencies.

The planning committee then presented a synthesis of the primary cross-departmental domestic violence needs. Four categories, broadly defined but inclusive of more specific components, were established: policies/protocols, public education/community outreach; training; and direct services. The panel established working groups on all topical areas. A more detailed analysis of "training" needs was undertaken.

#### **Meeting 4, November 4, 1996**

Discussion continued around training needs. Panel members presented their individual departmental training needs. Panel members were then divided into one of three working groups: direct services, public education/community outreach, and policies/protocols. Each working group was asked to prioritize the recommendations within their topical area.

---

### **Meeting 5, November 18, 1996**

The working groups continued their analysis of proposed citywide initiatives. After identifying several main priorities, each group presented its findings to the panel as a whole for further discussion and clarification. A matrix format was used to present and analyze all citywide initiatives. (See Appendix D.)

### **Meeting 6, December 2, 1996 and Meeting 7, December 16, 1996**

During these two meetings, the matrix format was used to review and revise the priorities of the following categories: policies/protocols, public education/community outreach, and direct services. Discussion centered on clarifying and reaching consensus on the content of the proposed priorities before moving to the next step: mapping out details related to departmental roles, timelines, and funding mechanisms.

In addition to these revisions, the panel generated a list of "guiding principles" to be integrated into all of the proposed priorities. A brief discussion also took place about the importance of developing a "core group" to ensure the continuity and sustainability of the panel's recommendations. Panel members also accepted a revised schedule for the remaining meetings that included the addition of two meetings in order to finalize the panel's work.

### **Meeting 8, January 13, 1997**

During the interim between the seventh and eighth meetings, the planning committee revised the four matrixes on policies/protocols, public education/community outreach, training, and direct services. These revised matrixes were sent to all of the panel members, who were asked to complete at least one of the matrixes, and to return them to the Health Department.

After reviewing the matrixes submitted by panel members, the planning committee incorporated final revisions and presented the completed matrixes to the panel. Discussion centered on clarifying the goals, primary departments, and resources/funding mechanisms for each of the proposed initiatives.

### **Meeting 9, January 27, 1997**

The planning committee compiled all written documents and ideas from previous meetings and circulated a draft document of all proposed initiatives. Each initiative was listed with tentative goal(s), primary departments and funding options. Panel members voted on and prioritized the final proposed initiatives. The decision making process included panel members voting whether the proposed initiative should be initiated and completed within one year, three years, five years, or not at all.

### **Meeting 10, February 26, 1997**

City Manager Robert Healy and Health Commissioner John O'Brien attended the last meeting of the Implementation Panel and provided their feedback on the draft report. They expressed their support for the panel's recommendations and emphasized the importance of identifying members of a core group to ensure the continuity of the DVFZ process. Health Commissioner O'Brien also emphasized the importance of developing mechanisms to evaluate and measure the impact of the proposed initiatives.

Panel members then discussed the draft report, suggested additional revisions to be incorporated into the final report, and evaluated the overall Implementation Panel process.



*Example of Matrix Used to Clarify Initiatives*

*What collaborative priorities are we advocating?*

<i>Priorities</i>	<i>What is the goal?</i>	<i>Which Depts. are affected?</i>	<i>Lead Dept./ Agency</i>	<i>Time Line: 1, 3, 5 Years</i>	<i>Resources &amp; Funding Mechanisms</i>
<b>Policies/Protocols</b> 1. Establish and/or clarify municipal & departmental policies related to: <ul style="list-style-type: none"> <li>• a standardized screening, identification, documentation, and legal reporting process</li> <li>• legal issues</li> <li>• security plans</li> </ul> (e.g. Canadian V.A.W. Zero Tolerance Policy)					
2. Identify and authorize a core group to provide long term oversight of all DVFZ initiatives. This group would also facilitate information sharing between city departments and community-based organizations					
3. Evaluate access (legal, financial, cultural) to domestic violence services for city residents and municipal staff					
4. Utilize highest quality/ level mental health coverage from EAP and health insurance carrier					
5. Provide incentives for municipal employees to volunteer with community-based agencies, including violence prevention programs and victims services agencies					

---

*Appendix E*

*Supporting  
Documents*

*About the National Workplace Resource Center on Domestic Violence: A Project of the Family Violence Prevention Fund.* Family Violence Prevention Fund: 2 pp. Online. Internet. January 23, 1997.

Augustyn, M., S. Parker, B. Groves, and B. Zuckerman. "Silent Victims: Children Who Witness Violence", *Contemporary Pediatrics* (August 1995), pp. 41-50.

Bassuk, E. "Homeless Families", *Scientific American* (December, 1991), pp. 66-74.

The Better Homes Fund. "Family Violence and Homelessness: Helping Mothers and Children Heal the Hurts", *Helping Homeless Families: A Progress Report* (Spring, 1994), pp. 1-3.

Children's Defense Fund. *The State of America's Children Yearbook* (Washington, D.C.: Children's Defense Fund, 1995).

Earls, F. "Violence and Today's Youth", *The Future of Children* (4:3, Winter 1994), pp. 4-23.

*The Effects of Domestic Violence on Children.* Family Violence Prevention Fund: 1 p. Online. Internet. January 23, 1997.

*Fifty Seven Percent of Corporate Leaders Believe Domestic Violence is a Major Social Problem According to Survey by Liz Claiborne, Inc.* Family Violence Prevention Fund: 2 pp. Online. Internet. January 23, 1997.

Hawkins, D. "Inequality, Culture, and Interpersonal Violence", *Health Affairs* (Winter, 1993) pp. 80-95.

*The Health Care Response to Domestic Violence.* Family Violence Prevention Fund: 3 pp. Online. Internet. January 23, 1997.

Heliotis, J. *The Background Characteristics and Recidivism Rates for Releases from Massachusetts Correctional Institutions During 1991* (Massachusetts Department of Correction, Division of Research and Planning, May, 1995).

*The Impact of Domestic Violence on the Workplace Fact Sheet.* Family Violence Prevention Fund: 2 pp. Online. Internet. January 23, 1997.

Leung, S. "Lowell Acts to Curb Violence", *The Boston Sunday Globe* (December 29, 1996).

*Memorandum for Heads of Executive Departments and Agencies from the President of the United States.* Family Violence Prevention Fund: 2 pp. Online. Internet. January 23, 1997 (October 2, 1995).

Mercy, J., M. Rosenberg, K. Powell, C. Broome, and W. Roper. "Public Health Policy for Preventing Violence," *Health Affairs* (Winter 1993), p. 21-23.

*News Release.* Family Violence Prevention Fund: 3 pp. Online. Internet. January 23, 1997 (February 14, 1996).

---

*Polaroid Corporation and the Domestic Violence Issue.* (Polaroid Corporation, Cambridge, MA.).

Rosenberg, M., E. Stark, and M. Zahn. "Interpersonal Violence: Homicide and Spouse Abuse, in Last", J., ed., *Public Health and Preventive Medicine* (Norwalk, CT: Appleton-Century-Crofts, 1986), pp. 1399-1426.

Saltzman, L. and G. Shelley. "Physician Role in Family Violence", *Atlanta Medicine* (68:2, Spring 1994), pp. 57-59.

Sousa, C., L. Bancroft, and T. German. *Preventing Teen Dating Violence: A Three-Session Curriculum for Teaching Adolescents* (Cambridge, MA: Dating Violence Intervention Project).

Stagg, V., G. Wills, and M. Howell. "Psychopathology in Early Childhood Witnesses of Family Violence", *Topics in Early Childhood Special Education* (9:2, 1989), pp. 73-87.

Sugg, N. and T. Inui. "Primary Care Physicians' Response to Domestic Violence", *Journal of the American Medical Association* (267:23, June 17, 1992), pp. 3157-3160.

*Working Document: A Longitudinal Framework Towards Establishing Cambridge as a Domestic Violence Free Zone* (Cambridge, MA: First Cambridge Domestic Violence Summit, February 1996).  
R. Wright, N. Ryan.

*Implementation Report of the*



*Domestic Violence Free Zone (DVFZ)  
Implementation Panel*

*Submitted to City Manager Robert Healy  
Friday, April 4, 1997*

<i>Executive Summary</i>	<i>1</i>
<i>Introduction</i>	<i>2</i>
<i>Recommendations</i> <i>(Narratives, Primary Departments, Funding Options, and Timelines)</i>	<i>4</i>
<i>Appendices and Supporting Documents</i>	<i>12</i>
<i>Bibliography</i>	<i>23</i>

Throughout this document, the word "municipal" will be used to identify all city departments and quasi-departments. We understand the distinct relationships which the Cambridge Housing Authority and the Cambridge Public Health Commission have with the city. The use of "municipal" is simply a matter of linguistic convenience. Also, the term "non-profit domestic violence agencies" is used to refer to agencies which must raise their operational budgets and are not annually incorporated in the city budget. We do not use this term to necessarily denote 501(c)3 status; again, it is a linguistic convenience.

---

*APPENDICES*

*SUPPLYING  
DOCUMENTS*